



State of Rhode Island  
**Department of Business Regulation**



**Division Of Commercial Licensing And Racing and Athletics**  
**Travel Section**  
**233 Richmond Street, Suite 230**  
**Providence, Rhode Island 02903-4230**  
**Telephone (401) 222-2416 Facsimile (401) 222-6654 TDD 711**  
**www.dbr.state.ri.us**

**2008 TRAVEL AGENT RENEWAL**  
**(FEE: \$50.00 Payable to Rhode Island General Treasurer)**

Name of Agent	Social Security Number	Date of Birth
Name of Employing Travel Agency		
Business Address (Principal Office) – Street, City/Town, State, Zip Code		Business Telephone Number
Branch Location, if any, other than principal office Street City/Town State Zip Code		
Current License Number	Home Telephone Number	
Residence Address – Street, City/Town, State, Zip Code		
Have you, the signator of this application, ever been convicted in any jurisdiction of a felony or misdemeanor? (check one) _____ Yes _____ No If answer is yes, list the: charge, Court of Jurisdiction, date of conviction, penalty imposed, final disposition, if any.		
The undersigned hereby applies for renewal of Travel Agent license subject to the provisions of Title 5, Chapter 52, General Laws of Rhode Island, and under the pains and penalties of perjury makes oath to the truth and accuracy of all statements, answers, and representations made in this application, including all supplementary statements hereto attached.  Signature of Applicant _____		